



MAILING ADDRESS:
STATE WATER RESOURCES CONTROL
DIVISION OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:
STATE WATER RESOURCES CONTROL
DIVISION OF FINANCIAL ASSISTANCE
UST CLEANUP FUND
1001 I STREET
SACRAMENTO, CA 95814

ADDRESS CHANGE FORM

This form is for a change of address only. A separate form is required for each claim number. Enter the new address exactly as you would like it to appear on your Letter of Commitment, reimbursement check and all other information that will be mailed to you. The Cleanup Fund cannot update unreadable or incomplete information. If you have any questions about completing this form, call the Cleanup Fund at 1-800-813-FUND.

IF THE CLAIMANT HAS MULTIPLE CLAIMS, THIS ACTION (ADDRESS CHANGE) WILL RESULT IN A CHANGE TO ALL SUCH CLAIMS.

PLEASE TYPE OR PRINT CHARACTERS IN CAPITAL LETTERS USING INK.

1. Claim Number, Claimant Name, Day Phone (Required)

Claim Number: _____

Claimant Name: _____

Day Phone: _____ - _____ - _____

Fax Number (Optional): _____ - _____ - _____

2. Do not complete this section unless required for mail delivery.

C/O: (Business Name): _____

Attention: (Person's Name): _____

3. New or Correct Mailing Address (Required)

Street Number and Name: _____

Apt No: _____ City: _____

State: _____ Zip Code: _____ - _____

4. Contact Person: **Change to:** ☐ **Delete:** ☐ **Remains the same:** ☐

Name: _____

Day Phone: _____ - _____ - _____

Fax Number (Optional): _____ - _____ - _____

5. (Required)

Claimant Signature

Print Name

Date

State Use Only

- ☐ Signature Verified
- ☐ Application Updated + Initialed
- ☐ Old Labels Removed
- ☐ Form 204 (If applicable)
- ☐ LOC Amended

Reviewer Initials Approval Date

Data Enter Date